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ANDREW S. NEELY
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ROBERT O. FOX
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RICHARD W. BARNES, JR.
MARK P. CROCKETT
J. DAVID GONCE
JULIE A. BIRDWELL
MICHAEL J. BRADFORD
JAMES R. PALMER

LUEDEKA, NEELY & GRAHAM
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

P.O. BOX 1871
KNOXVILLE, TENNESSEE 37901-1871

PHONE (865) 546-4305
FACSIMILE (865) 523-4478

RFOX@LNG-patent.com

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Fred Thomsen
Of Counsel

October 19, 2004

To: U.S. Patent and Trademark Office
Examiner Kim M. Lewis
Group Art Unit 3743
Fax No. 703-872-9306

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER PAGE, 9

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Docket No. 58533.US/1720.0 Date: October 19, 2004
Application No. 10/726,088
Filing Date: 12-02-2003
Applicant(s): Clements et al.
Title: DEVICE FOR SUPPORTING PATELLAR TENDON

Enclosures:

1. Amendment Transmittal Letter (1 page in duplicate)
2. Amendment A in response to the Office Action
of September 27, 2004 (6 pages)
3. Certificate of Facsimile Transmission (on attached documents)

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AMENDMENT TRANSMITTAL LETTER				Docket No. 58533.US/1720.0	
Application No. 10/726,088	Filing Date 12-02-2003	Examiner Kim M. Lewis	Group Art Unit 3743		
Invention Title DEVICE FOR SUPPORTING PATELLAR TENDON					
TO THE ASSISTANT COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. <input checked="" type="checkbox"/> Applicant is a LARGE entity. <input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> The fee has been calculated as shown below:					
CLAIMS AS AMENDED					
	(1)	(2)	(3)		
	CLAIMS REMAINING AFTER AMEND- MENT		HIGHEST NUMBER PREVI- OUSLY PAID FOR	PRESEN- T NUMBE- R EXTRA	RATE
					FEE
TOTAL CLAIMS	4	minus	20	0	x \$18
INDEPENDENT CLAIMS	1	minus	3	0	x \$88
MULT. DEPENDENT CLAIM ADDED					\$300
TOTAL					\$ 0
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL
					\$ 0
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20". *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3". The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 12-2355 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2355. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 CFR 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
_____ Robert O. Fox, Reg. No. 34,165					

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 Date: OCTOBER 19, 2004

 Robert O. Fox, Reg. No. 34,165

AMENDMENT TRANSMITTAL LETTER				Docket No. 58533.US/1720.0		
Application No. 10/726,088	Filing Date 12-02-2003	Examiner Kim M. Lewis		Group Art Unit 3743		
Invention Title DEVICE FOR SUPPORTING PATELLAR TENDON						
TO THE ASSISTANT COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. <input checked="" type="checkbox"/> Applicant is a LARGE entity. <input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> The fee has been calculated as shown below:						
CLAIMS AS AMENDED						
	(1)	(2)	(3)			
	CLAIMS REMAINING AFTER AMEND- MENT		HIGHEST NUMBER PREV- IOUSLY PAID FOR	PRESEN T NUMBE R EXTRA	RATE	FEE
TOTAL CLAIMS	* 4	minus	-- 20	0	x \$18	\$ 0
INDEPENDENT CLAIMS	* 1	minus	--- 3	0	x \$88	0
MULT. DEPENDENT CLAIM ADDED					\$300	0
					TOTAL	\$ 0
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL	\$ 0
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20". *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3". The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 12-2355 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2355. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 CFR 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>						
Robert O. Fox, Reg. No. 34,165						

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PATENT
Docket No. 58533.US/1720.0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: CLEMENTS et al.
Application No.: 10/726,088
Filed: 12/02/2003
For: DEVICE FOR SUPPORTING PATELLAR TENDON
Examiner: Kim M. Lewis
Group Art Unit: 3743

AMENDMENT A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 27, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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